DOCUMENT RESUME

ED 388 456 PS 023 837

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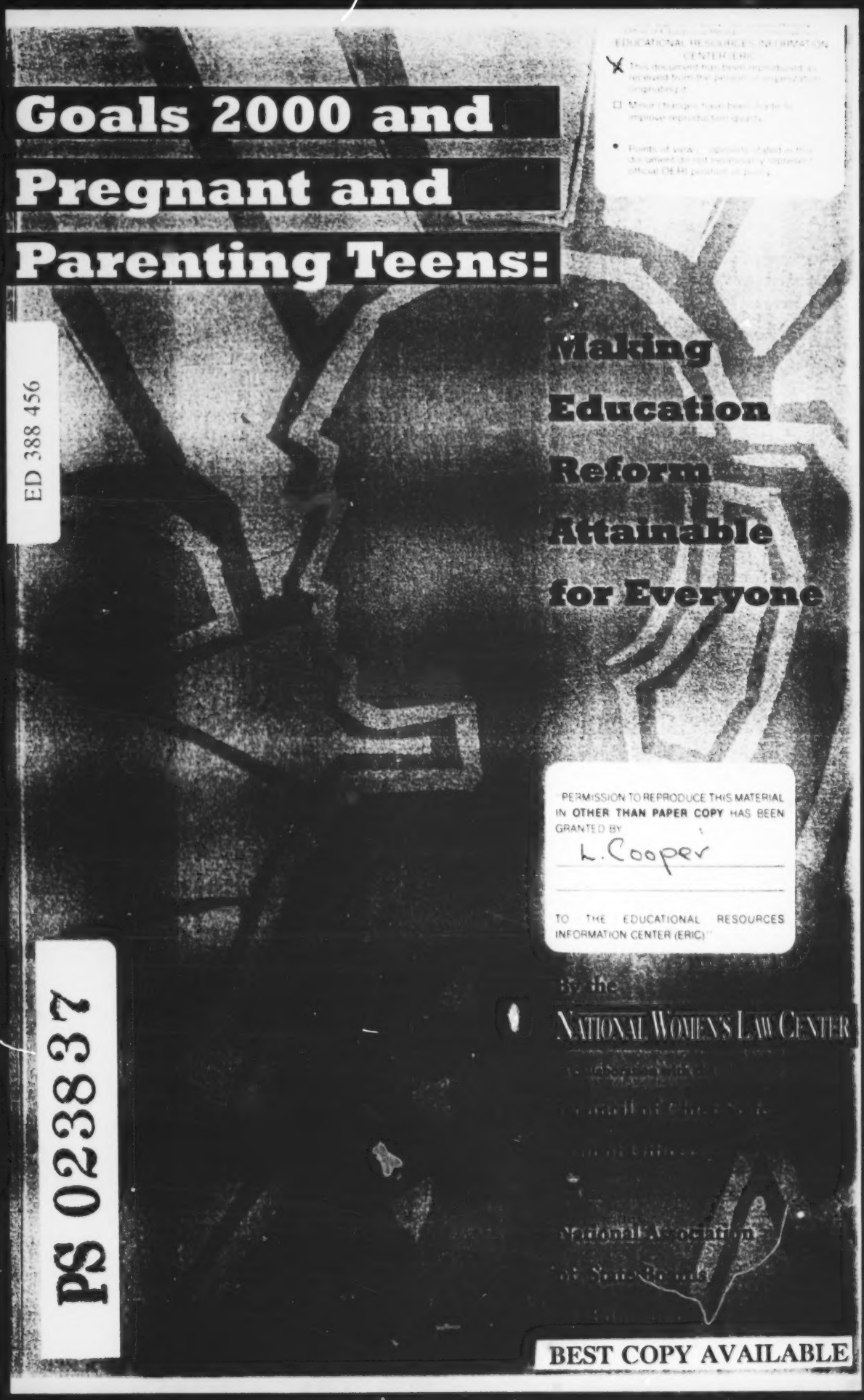
TITLE Goals 2000 and Pregnant and Parenting Teens: Making Education Reform Attainable for Everyone.
INSTITUTION Council of Chief State School Officers, Washington, D.C.; National Association of State Boards of Education, Washington, D.C.; National Women's Law Center, Washington, DC.
PUB DATE Mar 95
NOTE 52p.
AVAILABLE FROM National Women's Law Center, Attention: Goals 2000 and Pregnant and Parenting Teens, 11 Dupont Circle, N.W., Suite 800, Washington, DC 20036 ($12).
PUB TYPE Reports - Descriptive (141) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Academic Achievement; Adolescents; *Change Strategies; Child Rearing; Early Parenthood; *Educational Change; Educational Policy; Elementary Secondary Education; Federal Legislation; High Risk Students; Pregnancy; *Pregnant Students; School Policy; *Student Rights; Teacher Attitudes; *Unwed Mothers
IDENTIFIERS *Goals 2000

ABSTRACT

Pregnant and parenting teenagers account for a sizable and growing proportion of the population served by public schools. Pregnant and parenting students face significant barriers to academic achievement, largely because traditional school environments often conflict with the competing demands of pregnancy and child rearing. Moreover, the children of teen parents are themselves at high risk for educational failure, as their prospects for academic success are directly correlated with the educational attainment of their mothers. Both the size of this population and its high risk of educational failure make issues relating to pregnant and parenting teens particularly relevant to the national education goals. This report examines the issue, focusing primarily on teen mothers rather than teen fathers, as teen mothers with children to care for vastly outnumber teen fathers and represent a much greater proportion of the school-age population. Following an introduction, the report discusses: the relationship between the national education goals and pregnant and parenting teens; legal requirements relating to pregnant and parenting teens and Goals 2000; strategies for success; federal education reform legislation and the implications for efforts to assist pregnant and parenting teens; and recommendations for state education agencies. A conclusion emphasizes the necessity for educators to ensure that pregnant students and their children receive the assistance they need to succeed in school if the national education goals are to become a reality. Contains 44 references. (TJQ)



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GOALS 2000
AND PREGNANT
AND PARENTING TEENS

■

Making Education Reform Attainable for Everyone

■

By Deborah Brake
The National Women's Law Center

In collaboration with
The Council of Chief State School Officers
and
The National Association of State Boards of Education

March 1995

NATIONAL WOMEN'S LAW CENTER

The National Women's Law Center is a non-profit, tax-exempt organization under section 501 (c)(3) of the Internal Revenue Service Code. The Center's tax I.D. number is 52-1213010. Contributions to the Center to enable it to continue its work on behalf of women and girls across the country are tax deductible.

ACKNOWLEDGEMENTS

Marcia D. Greenberger, co-president; Jenifer Bosco and Fred von Lohman, law clerks; Katherine Rabb, student intern; Amy Hummel, administrative assistant; and Linda Cooper, communications director, all of the National Women's Law Center, provided invaluable support and assistance in the development, research and editing of **Goals 2000 and Pregnant and Parenting Teens**. Thanks also to Jane Kratovil, Cynthia G. Brown and Martha Bush of the Council of Chief State School Officers for their assistance in editing, proofreading and finalizing drafts and to Gordon M. Ambach, CCSSO executive director, for his support of this project; and to Carlos Vega-Matos of the National Association of State Boards of Education for his support and assistance. Finally, this publication would not have been possible without a generous grant from the Moriah Fund.

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EXECUTIVE SUMMARY

I. INTRODUCTION

- Pregnant and parenting teens are a sizeable and growing proportion of the population served by public schools.
  - Twelve percent of all women aged 15 to 19 become pregnant each year.
  - One-quarter of all young women will become pregnant before their eighteenth birthday.
  - Slightly more than half of all teen pregnancies result in childbirth, and the proportion of pregnant teenagers who give birth to a child has increased in recent years.
  - Adolescents from low-income families, who are already more likely to be educationally disadvantaged, are more likely to become pregnant than their peers from middle- and upper-income families.
  - Teen mothers are significantly more likely to be from a disadvantaged socioeconomic background than their nonchildbearing peers.
  - The birthrate for young black women aged 15-19 is 19%, compared to 13% for Hispanic teens and 8% for white teens.
  - In recent years, the teen birthrate has risen most significantly for Hispanic teens.
- Pregnant and parenting students and the children of teen parents are at high risk of educational failure.

II. THE RELATIONSHIP BETWEEN THE NATIONAL EDUCATION GOALS AND PREGNANT AND PARENTING TEENS

Goal 1: School Readiness

- Children of teen parents have a particular need for targeted efforts to ensure their readiness for school.
- Teen parents are more likely to have low-birthweight babies and children who are less mentally and psychologically developed than their peers.
- Children of teen parents face greater rates of academic failure.

Goal 2: School Completion

- Pregnancy is the most commonly cited reason for young women dropping out of school.
- Pregnant and parenting young women account for one-quarter of the entire dropout population.
- Almost half of all teen mothers will never complete high school.
- The negative impact of teen parenthood on the educational attainment of young women remains even after taking into account prior academic aptitude and achievement, socioeconomic status, race and educational expectations.
- In many school systems, certain policies and practices have operated to push pregnant and parenting students out of school.
- Dropout programs tend to neglect pregnant and parenting teens.

Goals 3, 5, and 6: Student Competence and Achievement

- A significant number of communities operate separate educational programs for pregnant teens and new mothers.
- Many separate programs for pregnant students are academically weaker than mainstream school programs.

Goal 4: Teacher Education and Professional Development

- Classroom bias against teen pregnancy can create an unwelcoming school environment for pregnant and parenting students.
- Teacher prejudice may ultimately cause pregnant and parenting teens to drop out.

Goal 7: Safe, Disciplined, and Alcohol- and Drug-Free Schools

- Like other students, pregnant and parenting teens have an important stake in efforts to provide students with a learning environment that is free from alcohol, drugs, firearms and violence, and is conducive to learning.
- Drug and alcohol education is particularly essential for pregnant students, given the increased risks associated with drug and alcohol abuse during pregnancy.
- Pregnant students have a particular interest in the elimination of sexual and gender-based harassment.

Goal 8: Parental Participation

- The children of teen parents benefit from their parents' participation in their schooling.
- Teen parents themselves benefit from their own parents' participation.

III. LEGAL REQUIREMENTS RELATING TO PREGNANT AND PARENTING TEENS AND GOALS 2000

- Too many schools continue to discriminate against pregnant students and student mothers, depriving them of their rights under federal law.
- Even the most subtle forms of discrimination against pregnant and parenting students may be enough to drive these students from the classroom.
- The implementation of Goals 2000 must include assurances that school districts are in compliance with Title IX of the Education Amendments of 1972. Under Title IX:
    - Schools may not exclude pregnant students from regular school programs and activities.
    - Separate programs for pregnant students must be completely voluntary.
    - The instructional part of separate programs for pregnant students must be comparable to that offered in regular school programs.
    - Schools must treat pregnant students within school programs in a nondiscriminatory manner, including by accommodating students with pregnancy-related conditions to the same extent as students with other temporary disabilities.
    - Schools may not discriminate against teen mothers, either in policy or in practice.

IV. STRATEGIES FOR SUCCESS

- Efforts to make school environments more responsive to pregnant and parenting students, and to provide such students with the services they need to obtain a quality education, reinforce and are consistent with schools' obligations to pregnant students and teen mothers under Title IX.
- Successful program components include:
    - Child care;
    - Flexibility in school scheduling;
    - Counseling;
    - Coordination with community service providers;
    - Data collection;
    - Instruction in prenatal health and parenting;
    - Family planning services;
    - School-based or school-linked health centers;

- Outreach to pregnant and parenting dropouts;
- Creative learning strategies and supplemental educational and vocational services;
- Teacher education programs designed to eliminate teacher bias;
- Parental involvement.

- Successful program models combine a number of the above components to comprehensively address the needs of pregnant and parenting teens, and have resulted in increased school retention rates, decreased repeat pregnancy rates and improvement in school readiness for the children of program participants.
- Efforts to address the needs of pregnant and parenting students through special programs are only a partial solution. Regular school environments must still provide the services and accommodations necessary to retain and educate pregnant and parenting students.

V. FEDERAL EDUCATION REFORM LEGISLATION AND THE IMPLICATIONS FOR EFFORTS TO ASSIST PREGNANT AND PARENTING TEENS

- The School to Work Opportunities Act of 1994 and the newly reauthorized Elementary and Secondary Education Act of 1965 may provide resources to support strategies to increase educational attainment of pregnant and parenting students and their children.

VI. RECOMMENDATIONS FOR STATE EDUCATION AGENCIES

- Ensure that schools and school districts are in compliance with Title IX of the Education Amendments of 1972.
- Provide support to districts to enhance curriculum and instruction that includes the elements of successful programs identified above.
- Provide staff development support that includes training to eliminate bias against pregnant and parenting students and increase staff understanding of the legal requirements of Title IX.
- Assist school districts to collect data on school completion and achievement of pregnant and parenting students and the results of programs addressing this population to evaluate and improve programs.

- Strengthen partnerships with health and social service agencies and with families to encourage school-based or school-linked service delivery that enhances the well-being and civil rights of pregnant and parenting teens.

VII. CONCLUSION

- School districts must bring their policies and practices into full compliance with Title IX.
- Educators must ensure that pregnant and parenting students and their children receive the assistance they need to succeed in school.
- Without a concerted effort to improve the educational programs and opportunities available to pregnant and parenting teens, Goals 2000 will leave behind an important and substantial segment of our nation's youth.

I. INTRODUCTION

In March of 1994, Congress enacted "Goals 2000: Educate America Act," establishing eight national education goals with the purpose of improving the quality of public education for all young people. The goals address school readiness, school completion, student performance, teacher education, math and science achievement, literacy, safe schools and parental involvement. The legislation seeks to assist state and local education officials to implement an education-reform strategy consistent with the goals set forth in the Act[1].

To attain these goals, it is of great importance that state education officials address the particular educational, health and social service needs of students with extra challenges, including pregnant and parenting adolescents. The goals set forth in Goals 2000 will not be reachable unless educators make a concerted effort to provide better educational programs and opportunities to enable pregnant and parenting students to achieve successful academic outcomes. In addition, in order for Goals 2000 to achieve its objectives, new efforts must be made to ensure that schools' treatment of pregnant and parenting teens complies with the nondiscrimination provisions of Title IX of the Education Amendments of 1972, a federal law that applies to all schools receiving federal funds.[2]

In addition to Goals 2000, two other pieces of legislation in the Clinton Administration's education reform package, the School to Work Opportunities Act of 1994[3] and the reauthorization of the Elementary and Secondary Education Act of 1965,[4] reinforce the reform agenda of Goals 2000 and provide further support for improving the educational opportunities available to pregnant and parenting teens. The programs authorized by these Acts may provide additional sources of funds for the strategies advocated herein to improve the educational outcomes of pregnant and parenting teenagers and their children.

Pregnant and parenting teenagers account for a sizeable and growing proportion of the population served by public schools. Twelve percent of all women aged 15 to 19 become pregnant each year.[5] Perhaps even more dramatic, one-quarter of all young women will become pregnant before their eighteenth birthday.[6] Increasingly, pregnant teenagers are becoming teenage mothers. Slightly more than half of all

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1 The substance and structure of the national education goals emanate from the September 1989 Education Summit attended by President Bush and the nation's Governors. At that time, President Bush and the Governors agreed to establish six National Education Goals with specific objectives for each goal. Goals 2000: Educate America Act, signed into law by President Clinton in April of 1994, codifies the original six education goals and their objectives, and two additional goals.

2 20 U.S.C. §1681.

3 Pub. L. No. 103-239.

4 Pub. L. No. 103-382.

5 The Alan Guttmacher Institute, Sex and America's Teenagers (1994) at 41.

6 Id. at 43.

teen pregnancies result in childbirth,[7] and the proportion of pregnant teenagers who give birth to a child has increased in recent years.[8]

Public schools that serve a high proportion of low-income and minority students are especially likely to have significant numbers of pregnant and parenting students. Adolescents from low-income families, who are already more likely to be educationally disadvantaged, are more likely to become pregnant than their peers from middle- and upper-income families,[9] and teen mothers are significantly more likely to be from a disadvantaged socioeconomic background than their nonchildbearing peers.[10] Teen parenting also disproportionately impacts on young women of color. The birthrate for black women aged 15-19 is 19%, compared to 13% for Hispanic teens and 8% for white teens.[11] In recent years, the teen birthrate has risen most significantly for Hispanic teens.[12]

Although the term "pregnant and parenting teens" is uniformly used throughout this text, in fact, pregnant and parenting teens comprise a diverse population in and of themselves. Teen pregnancy and parenthood occur among young women of all races, income levels and educational backgrounds. Although black and Hispanic teens are disproportionately likely to become teen mothers, two-thirds of all teen births are to white teens.[13] In addition, while teen mothers from poor and low-income families represent the vast majority of all teen mothers, teens from higher income families also become pregnant or parents.[14]

This report focuses primarily on teen mothers rather than teen fathers, as teen mothers vastly outnumber teen fathers and represent a much greater proportion of the school-age population. On average, teen mothers are three years younger than their partners.[15] According to one estimate, nearly half of all babies born to teen mothers were fathered by men aged 20 or older.[16] However, despite their fewer numbers, teen fathers also face educational disadvantages, and the policies advocated

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7 Id. at 44.

8 Id.

9 Id. at 43.

10 Douglas K. Anderson, Effects of Pregnancy, Childbirth and Motherhood on High School Dropout, Discussion Paper No. 1027-93, Univ. of Wisconsin at Madison, Institute for Research on Poverty (1993) at 24.

11 The Alan Guttmacher Institute, supra note 5, at 42; see also Diane Scott-Jones, "Educational Levels of Adolescent Childbearers at First and Second Births," 99 Am. J. Educ. 461 (Aug. 1991) (noting that the rate of teen pregnancy is highest for young black women, followed by Latina teens and white teens).

12 The Alan Guttmacher Institute, supra note 5, at 49-50.

13 United States Department of Education Office for Civil Rights, Teenage Pregnancy and Parenthood Issues (July 1991) at 3.

14 The Alan Guttmacher Institute, supra note 5, at 58.

15 Bryan E. Robinson, Teenage Fathers (Lexington Books & D.C. Health & Co., 1988) at 8.

16 Id.

herein would benefit teen fathers as well as teen mothers. Programs targeting pregnant and parenting teens should ensure that their services are accessible to teen fathers as well as teen mothers.

Pregnant and parenting students face significant barriers to academic achievement, largely because traditional school environments often conflict with the competing demands of pregnancy and child rearing. Moreover, the children of teen parents are themselves at high risk for educational failure, as their prospects for academic success are directly correlated with the educational attainment of their mothers.

Both the size of this population and its high risk of educational failure make issues relating to pregnant and parenting teens particularly relevant to the national education goals. Unless schools become more responsive to the needs of pregnant and parenting students and implement programs and policies designed to foster their educational success, this population and future generations will continue to slip through the cracks, and the laudable aspirations of Goals 2000 will not be realized.

II. THE RELATIONSHIP BETWEEN THE NATIONAL EDUCATION GOALS AND PREGNANT AND PARENTING TEENS

Goal 1: School Readiness: By the year 2000, all children in America will start school ready to learn.

The school-readiness goal addresses the extra-educational needs of young children—needs that are particularly acute for the children of teen parents—so that they will begin school ready to learn. Specifically, the goal lists three objectives: (1) all children will have access to high-quality and developmentally appropriate preschool programs that help prepare children for school; (2) parents will play an important role in their child's education and will have access to the training and support that they need to do so; and (3) children will have the nutrition, physical activity and health care that they need in order to learn, and enhanced prenatal health care will significantly decrease the number of low-birthweight babies. Accomplishing these objectives will require special attention to the children of teen parents.

Children of teen parents have a particular need for targeted efforts to ensure their readiness for school.[17] The overrepresentation of economically disadvantaged youth among teen parents contributes to the health problems of the children of teen parents, as low-income mothers are much more likely to have low-birthweight babies than the rest of the childbearing population.[18] Teen parents are also more likely to have children who are underdeveloped mentally and psychologically, requiring greater attention and assistance to enable them to acquire age-appropriate skills and to interact appropriately with their peers.[19] The children of teen parents are more likely to be subjected to sickness and abuse, in part because of the lack of adequate health care and parenting skills of their parents.[20]

Teenage childbearing has a particularly devastating effect on the health of nonwhite children. Among teen mothers, black teens have a higher rate of low-birthweight babies than white teens.[21] In addition, black teen mothers are less likely to receive adequate prenatal care.[22]

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17 Association of Junior Leagues and American Association of School Administrators, Teenage Pregnancy: Developing and Life Options (1988) at 5 (noting that children of teen parents are at a relatively greater disadvantage with respect to school readiness).

18 M. Witwer, "Health of Infants Born to Teenage Mothers Affected More by Family Background than by Mother's Age," 25 Fam. Plan. Persp. (July/Aug. 1993) at 191.

19 The Alan Guttmacher Institute, supra note 5, at 62; Robinson, supra note 15, at 39-40, 44-48.

20 Robinson, supra note 15, at 39-40.

21 Id. at 192.

22 Id.

As a result of their particular needs and circumstances, children of teen parents have an urgent need for supplemental health care, nutrition, pre-education programs and positive social interaction. Moreover, in order for teen parents to play a constructive role in their children's education, they typically need assistance in developing greater parenting and academic skills themselves. Finally, because teen parents are more likely to drop out of school than their peers who have children later in life, and because children raised by mothers who do not complete high school face much higher rates of academic failure than children raised by mothers who do,[23] targeted efforts to help teen parents complete school are critically important to the future academic success of their children.

Goal 2: School Completion: By the year 2000, the high school graduation rate will increase to at least 90 percent.

Goal 2 seeks to dramatically increase school completion rates by the year 2000. Its specific objectives are to ensure that 75% of all students who drop out will successfully complete a high school degree or its equivalent, and to eliminate the gap in high school graduation rates between minority and nonminority students. Educators will not achieve this goal unless they significantly expand the educational opportunities available to pregnant and parenting teens.

Any serious effort to reduce the dropout rate must address the particular issues that cause pregnant and parenting teens to drop out of school. Pregnancy is the most commonly cited reason for young women dropping out of school.[24] Approximately half of all female dropouts are pregnant or parenting.[25] Because young men and women drop out at approximately the same rate, pregnant and parenting young women account for one-quarter of the entire dropout population.[26] Almost half of all teen mothers will never complete high school.[27] One recent study found that a pregnant high school student of a given age is over eleven times as likely to drop out of school as another female student of the same age.[28] Younger teen parents are even less likely to complete their education than older teen parents[29]—a

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23 The Center for Population Options, Teenage Pregnancy and Too-Early Childbearing: Public Costs, Personal Consequences (6th ed. 1992) at 2; Theodora Ooms and Lisa Herendeen, Teenage Parenthood, Poverty and Dependency: Do We Know How to Help? (Am. Ass'n. for Marriage and Family Therapy, Research and Educ. Foundation, 1989) at 3.

24 United States Department of Education Office for Civil Rights, Teenage Pregnancy and Parenthood Issues (July 1991) at 3.

25 The Academy for Educational Development, A Stitch in Time: Helping Young Mothers Complete High School (A.E.D., 1989) at 20.

26 Janice Earle, Female Dropouts: A New Perspective (National Association of State Bds. of Educ. & Women's Educational Equity Action Program, U.S. Department of Educ., 1989) at 5; The Academy for Educational Development, A Stitch in Time: Helping Young Mothers Complete High School (1989) at 20.

27 U.S. Dept. of Educ., supra note 24, at 3.

28 Anderson, supra note 10, at 16.

29 Robinson, supra note 15, at 40; Scott-Jones, supra note 11, at 44.

particularly alarming fact given that the greatest increase in teen births in recent years has occurred among younger teens.[30]

While adolescent pregnancy and parenting are often symptomatic of previously existing educational and social disadvantages,[31] these obstacles are compounded by early parenting. The negative impact of teen parenthood on the educational attainment of young women remains even after taking into account prior academic aptitude and achievement, socioeconomic status, race and educational expectations.[32]

The disproportionately severe impact of teen pregnancy and parenting on minority students makes efforts to reach this population essential to achieving the Goal's objective of eliminating the disparity between the minority and nonminority dropout rate. As noted above, the teen birthrates for young African American and Hispanic women are significantly higher than the teen birthrate for white women.[33] Hispanic teen mothers are more likely to drop out of high school than black and white teen mothers.[34] Educational programs and policy must take into account the particular needs of African American and Hispanic pregnant and parenting teens in order to adequately serve these populations.

Although most research focuses on teen mothers, teen fathers are also more likely to drop out of school than their nonparenting peers.[35] Programs designed to assist teen mothers should include services for teen fathers as well, since they too need counseling, peer support, vocational training and other assistance to stay in school.[36]

In the past, schools have not done enough to encourage pregnant and parenting teens to stay in school, nor have they provided the assistance that these students need to stay in school. In many school systems, certain policies and practices have operated subtly—or not so subtly—to push pregnant and parenting students out of school.[37] Examples of subtle policies and practices with this effect include refusing

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30 The Center for Population Options, supra note 23, at 2; Nancy Compton, Mary Duncan and Jack Hruska, How Schools Can Help Combat Student Pregnancy (National Education Association, 1987) at 14.

31 Earle, supra note 26, at 12 (noting that teens with poor basic skills are five times as likely to become mothers before age sixteen than teens with average basic skills); Scott-Jones, supra note 11, at 462-63 (noting that students with low educational expectations are more likely to become teen parents than are students with higher academic goals); Witwer, supra note 18, at 189.

32 Anderson, supra note 10, at 24; Margaret Dunkle, Adolescent Pregnancy & Parenting: Evaluating School Policies and Programs from a Sex Equity Perspective (Council of Chief State School Officers Resource Center on Educational Equity, 1985) at 2; Gail Zellman, "Public School Programs for Adolescent Pregnancy and Parenthood: An Assessment," 14 Family Planning Perspectives (1982) at 15-16.

33 See discussion, infra, at 9.

34 Louise Warrick, et al., "Educational Outcomes in Teenage Pregnancy and Parenting Programs: Results from a Demonstration," 25 Fam. Plan. Persp. (1993) at 148.

35 Scott-Jones, supra note 11, at 464.

36 Robinson, supra note 15, at 60, 115-118.

37 Deborah Brake, "Legal Challenges to the Educational Barriers Facing Pregnant and Parenting Adolescents," Clearinghouse Review (June 1994) at 142-43 & n.11.

to allow bathroom passes to pregnant students, requiring monthly doctor's certificates verifying that pregnant students are able to stay in school, and denying excused absences to teen parents who miss school to take their children to the doctor. More blatant examples include policies requiring pregnant students to attend a separate school for pregnant students and new mothers. Where efforts have been made to assist pregnant and parenting teens complete their schooling, they have concentrated more on pregnant than parenting teens, taking a crisis intervention approach that results in only short-term benefits.[38] Dropout programs, as well, often neglect pregnant and parenting teens.[39] According to one survey, only one-third of schools polled always include pregnant and parenting teenagers in dropout prevention programs.[40] In addition, only 17% of the schools approached in this survey tracked the attendance, enrollment and dropout records of adolescent parents.[41] It is important for school staff to be aware of student pregnancies, as a pregnant student is much more likely to stay in school if at least one teacher or counselor knows of the student's pregnancy.[42] Where a student's pregnancy is known, teachers and counselors should reach out to that student to encourage her academic aspirations and provide her with accommodations necessary for her to remain in school.

If schools are to decrease the dropout rate significantly, they must make a concerted effort to improve the educational opportunities available to pregnant and parenting teens and ensure that dropout prevention and reentry programs specifically address their needs.

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38 The Support Center for Educational Equity for Young Mothers, Improving Educational Opportunities for Pregnant and Parenting Students: A Report on a Survey of Policies, Practices, Programs, and Plans for Pregnant and Parenting Students in Nine Urban School Districts (A.E.D., 1988) at 6-7.

39 Id. at 7-8.

40 Margaret Dunkle & Margaret Nash, The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens (Equality Center, May 1989) at 5.

41 Id.

42 Alfred Hess, et al., Invisibly Pregnant: Teenage Mothers and the Chicago Public Schools (Chicago Panel on Public School Policy and Finance, December 1988) at 7.

Goals 3, 5, and 6: Student Competence and Achievement

Goal 3: **By the year 2000, American students will leave grades four, eight and twelve having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, arts, history and geography, and every school in America will ensure that all students learn to use their minds well so they may be prepared for responsible citizenship, further learning and productive employment in our modern economy.**

Goal 5: **By the year 2000, U.S. students will be first in the world in mathematics and science achievement.**

Goal 6: **By the year 2000, every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.**

These three goals seek to improve students' skills significantly in all major subjects and to ensure that all individuals are literate and have the skills necessary to be responsible citizens. One of the specific objectives of Goal 3 focuses on minority students in particular, urging that the distribution of such students in each quartile of academic performance should more closely reflect the student population as a whole. Because of the disproportionately high number of African American and Hispanic teens who are pregnant or parenting, meeting this objective in particular necessitates efforts to raise the achievement level of pregnant and parenting teens. Indeed, achieving all three of these goals will require attention to the quality of education received by pregnant teens and teen parents.

Although most pregnant and parenting students are now mainstreamed in regular classes, a significant number of communities operate separate educational programs for pregnant teens and new mothers. Under Title IX, pregnant students who choose to do so may attend a separate educational program for pregnant students. For the students who choose to enroll in such programs, separate programs may be able to provide more of the support and assistance that pregnant and parenting teens need to remain in school. However, separate programs for pregnant students are often academically weaker than mainstream school programs.[43] In order to increase the academic achievement of pregnant and parenting students, school districts must improve the quality of education such students receive in separate educational programs.

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[43] See, e.g., Dunkle, supra note 32, at 3 (1985).

Separate educational programs for pregnant students tend to offer less rigorous courses, no advanced classes, no laboratory classes, and to focus less on traditional subjects and concentrate more on "relevant" learning, such as parenting and domestic skills.[44] Junior high/middle school students who attend separate educational programs, in particular, are likely to be left behind academically, as such programs tend to be geared toward the secondary level. While parenting and related classes are an important supplement to separate programs, they are not a substitute for academics. In order to attain these goals, pregnant and parenting students must not be presented with a choice between a quality education and a supportive educational environment. Both are essential.

Goal 4: Teacher Education and Professional Development: By the year 2000, the nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.

Included among the specific objectives enumerated under this goal is that teacher education and continuing professional development activities will provide teachers with the knowledge and skills needed to teach an increasingly diverse population. To fulfill this goal, teachers must become mindful of the needs of pregnant and parenting students and understand the rights of these students in the classroom.

Classroom bias against teen pregnancy, often combined with biases based on gender, ethnicity and economic status, can create an unwelcoming school environment for pregnant and parenting students.[45] Teachers often do not recognize their own prejudices against these students, yet the classroom hostility that results may lower a student's academic achievement and self-esteem, and ultimately cause pregnant and parenting teens to drop out.[46] Administrators should work to foster an increased awareness of the needs of these students and to eliminate both conscious and unconscious biases that work against them.

Goal 7: Safe, Disciplined, and Alcohol- and Drug-Free Schools: By the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning.

Like other students, pregnant and parenting teens have an important stake in efforts to provide students with a learning environment that is free from alcohol, drugs, firearms and violence, and is conducive to learning. Three of the specific objectives enumerated under this goal are particularly relevant to pregnant and parenting students. Objectives three and four provide that every local education

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44 See, e.g., Nash & Dunkle, supra note 40, at 9; Dunkle, supra note 32, at 3, 26 (1985); Zellman, supra note 32, at 14, 19 (1982); telephone interviews with program staff at various school programs targeting pregnant and parenting teens (July 1994) (notes on file with the National Women's Law Center).

45 The Support Center for Educational Equity for Young Mothers, supra note 38, at 11-12.

46 Janice Earle, et al., What's Promising: New Approaches to Dropout Prevention for Girls (Nat'l. Ass'n. of State Bds. of Educ., 1987) at 1-2, 4.

agency will develop a sequential, comprehensive drug and alcohol prevention education program for kindergarten through twelfth grade, and that such curriculum should be an integral part of health education. The seventh objective is that every school shall work to eliminate sexual harassment. These objectives have important implications for pregnant and parenting students.

Drug and alcohol education is particularly essential for pregnant students, given the increased risks associated with drug and alcohol abuse during pregnancy. Drug and alcohol prevention education must include segments designed to address and prevent substance abuse during pregnancy. In addition, pregnant students with substance abuse problems should be encouraged to seek counseling and treatment, and school officials should coordinate with community treatment centers to assist pregnant teens and teen parents in receiving such services.

Pregnant students also have a particular interest in the elimination of sexual harassment. Sexual harassment encompasses harassment that is not sexual in nature, but that would not have occurred if the harassed student was a member of the opposite sex. Such harassment is sometimes referred to as gender-based harassment. Harassment of a student because she is pregnant is one form of gender-based harassment. Consequently, the objective of eliminating sexual harassment will not be fulfilled unless harassment of pregnant students, by both teachers and other students, is eliminated.

Goal 8: Parental Participation: By the year 2000, every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

The goal of increasing parental participation includes three specific objectives. First, it urges states to develop policies to help local schools form partnerships with parents, with particular attention to the parents of children who are economically disadvantaged, bilingual, or who have disabilities. Second, it seeks to increase parental roles in assisting their children with homework and participating in educational decisions.[47] And third, it encourages parents to monitor the quality of schools and teachers and ensure that schools receive the support they need to provide a quality education.

The issue of parental involvement in education is important for teen parents at two levels: first, the children of teen parents benefit from their parents' participation in their schooling; and second, teen parents themselves benefit from their own parents' participation. Because teen parents as a whole tend to be from disadvantaged and minority backgrounds, the first objective of this goal is particularly relevant to pregnant and parenting students. Moreover, because teen parents require enhanced parental and academic skills themselves if they are to effectively participate in their children's education, the second objective also requires attention to the educational needs of teen parents.

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[47] This objective parallels the objective of Goal 6, that schools will offer more literacy programs and parental training in order to increase parental involvement in the education of their children, and the objective of Goal 1 that parents be more involved in teaching their children. Consequently, the above discussions of the first and sixth goals are relevant to this objective as well. Moreover, because pregnant and parenting dropouts are less likely to have the educational skills necessary to effectively participate in their children's education, the discussion of Goal 2 is also relevant.

III. LEGAL REQUIREMENTS RELATING TO PREGNANT AND PARENTING TEENS AND GOALS 2000

As a first step toward addressing the needs of pregnant and parenting teens and fulfilling the objectives of Goals 2000 with respect to this population, educators should ensure that their school districts provide these students with the educational opportunities required by law. Title IX of the Education Amendments of 1972 prohibits sex discrimination in federally funded schools,[48] and the regulations implementing Title IX include specific requirements governing the treatment of pregnant students and student-mothers.

Title IX establishes legal standards that are relevant to the needs of pregnant and parenting teens as they relate to the national education goals in several key respects:

- Schools may not exclude pregnant students from regular school programs and activities.
- Separate programs for pregnant students must be completely voluntary.
- The instructional part of separate programs for pregnant students must be comparable to that offered in regular school programs.
- Schools must treat pregnant students within school programs in a nondiscriminatory manner, which includes accommodating students with pregnancy-related conditions to the same extent as students with other temporary disabilities.
- Schools may not discriminate against teen parents based on their gender, either in policy or in practice.

Although Title IX was enacted in 1972, and the regulations have been in effect since 1975, too many schools continue to discriminate against pregnant students and student mothers, depriving them of their rights under federal law.[49] The demands of pregnancy and raising a child, coupled with the demands of being a full-time student, can prove burdensome even under the best of circumstances. Consequently, even the most subtle forms of discrimination against pregnant and parenting students may be enough to drive these students from the classroom. The implementation of Goals 2000 must include assurances that school districts are in compliance with Title IX's requirements regarding pregnant and parenting students.

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48 Any school that receives federal funds for any purpose must comply with Title IX in all school-affiliated programs and activities, regardless of whether the particular program in question itself receives federal funding. Civil Rights Restoration Act, 20 U.S.C. § 1687.

49 Deborah Brake, "Legal Challenges to the Educational Barriers Facing Pregnant and Parenting Adolescents," Clearinghouse Review (June 1994) 141-55.

Pregnant Students Have the Right to Stay in Regular Programs

The right of pregnant students to remain in regular school programs is central to the goals of increasing school completion and student achievement. The Title IX regulations specifically prohibit schools from excluding pregnant students from school programs or activities on the basis of pregnancy, childbirth or any related condition.[50] This prohibition applies to extracurricular activities as well as academic programs,[51] and extends to students of all grade levels.[52] Schools may require pregnant students to submit a doctor's certificate in order to continue to participate in regular school programs, but only if such a certificate is required for all students with physical or emotional conditions requiring a doctor's attention.[53] Imposing burdensome conditions on the ability of pregnant students to stay in school—for example, by requiring pregnant students to submit monthly doctor's certificates in order to stay in school, without requiring the same of other students with medical conditions—can operate to exclude pregnant students from school just as effectively as a policy that explicitly bars them from attending.

In addition to giving pregnant students the right to remain in regular school programs, Title IX requires schools to allow students a leave of absence for pregnancy, childbirth and related conditions for as long a period of time as is deemed medically necessary by the student's doctor.[54] At the conclusion of her leave, the school must reinstate the student to the same status she held when her leave began.[55] Consequently, students who take a pregnancy-related leave of absence are entitled to full credit for work performed prior to their leave and cannot be required to repeat coursework that they have already completed. Denying students medical leave for pregnancy and childbirth, or penalizing such students by requiring them to repeat coursework upon their return, is not only unlawful, but is also counterproductive to the goal of increasing school completion.

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50 34 C.F.R. § 106.40(b)(1).

51 Activities that do not directly receive federal funding are nevertheless subject to the requirements of Title IX as long as the school receives federal funds for any purpose. Civil Rights Restoration Act, 20 U.S.C. § 1687. This mandate also applies to activities that are affiliated with a school, even if they are not directly operated by the school. 34 C.F.R. §106.31(d).

52 Until recently, one public school district in the midwest had a written policy requiring pregnant middle school and junior high school students to attend a separate school for pregnant students. Such a policy blatantly violates Title IX.

53 34 C.F.R. § 106.40(b)(2). Under the regulation, the only relevant inquiry for medical certification is whether the student is physically and emotionally able to participate, and not whether continued participation may pose some risk of harm to her fetus. Moreover, the regulation does not authorize schools to require medical certification from a school-affiliated physician, and such a requirement would be inconsistent with the regulation.

54 34 C.F.R. § 106.40(b)(5).

55 Id.

Separate Programs for Pregnant Students Must Be Completely Voluntary

A corollary to the right of pregnant students to remain in regular school programs is that any separate programs[56] for pregnant students must be completely voluntary.[57] However, not all school districts comply with this requirement. An informal telephone survey of separate programs conducted by the National Women's Law Center indicates that some school districts engage in directive counseling to channel pregnant students into separate academic programs without giving such students an option to remain in their regular classes.[58] Such a practice violates the law no less than a formal school policy requiring pregnant students to attend separate programs. In addition to violating federal law, the involuntary channeling of pregnant students into separate programs is also contrary to the school completion goal, as common sense suggests that students who are placed in alternative programs against their will are more likely to drop out.

The requirement that separate programs be completely voluntary necessitates that the choice between separate and mainstream school programs be a real one. A school system in which only a separate program provides the essential accommodations that are necessary for pregnant students to attend classes is not offering the separate program to pregnant students on a completely voluntary basis. For example, if regular schools refuse to allow pregnant students enough time between classes to climb stairs and travel through hallways, fail to offer make-up assignments for classes missed due to pregnancy and childbirth, fail to excuse pregnancy-related absences, and refuse to modify physical education requirements, but a separate program for pregnant students does make such accommodations, pregnant students will not have a meaningful choice between the regular and separate programs. In order for pregnant students to have a genuine choice between a mainstream program and a separate program, those accommodations that are necessary for pregnant students to complete mainstream school programs must be provided.

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56 The term "separate programs," as used in this paper, refers to both separate schools for pregnant students and separate academic classes for pregnant students that are offered within mainstream schools. The legal requirements are the same for both.

57 34 C.F.R. § 106.40(b)(3).

58 Informal telephone interviews of program staff by the National Women's Law Center found that participants in some separate programs are counseled to attend separate programs for pregnant students without being informed that they have a right to remain in regular school programs (July 1994) (notes on file with the National Women's Law Center).

The Instructional Program in a Separate Program for Pregnant Students Must Be Comparable to that Offered Nonpregnant Students

Under Title IX, pregnant students who elect to participate in a separate program are entitled to receive an education that is comparable in quality to that afforded their nonpregnant peers.[59] While the comparability standard does not mean that the programs must be identical, it does require them to be academically equivalent overall.

To ensure compliance with this requirement, and to ensure that pregnant students benefit from the implementation of the Goals 2000 legislation, school districts that operate a separate program for pregnant teens should conduct a comprehensive comparison of the separate program and regular school programs. Such a comparison should examine all relevant educational criteria, including the quality and selection of courses offered, the availability and adequacy of textbooks and other supplies, the opportunities for vocational training and work experience, the number of credits granted for the completion of comparable courses, the qualifications of teaching staff, the adequacy of school and classroom facilities, and the appropriateness of the academic material for each grade level served. Although a separate program need not offer every course that is available in regular school programs,[60] it must, at a minimum, offer a comparable education in the courses that students need to graduate. In addition, if a student in the separate program desires to take a lab science or other advanced course that is not available in the separate program, but is available at her regular school program, she must be allowed to do so.

Title IX's comparability requirement establishes a floor below which separate programs for pregnant students may not fall. The failure to provide pregnant students and new mothers with an education comparable to that of their peers does a disservice to these students and violates their rights under law. Because anecdotal evidence suggests that the quality of separate programs for pregnant students is often inferior to that of regular school programs, enforcement of the Title IX comparability requirement is essential to the full realization of Goals 2000's objectives of increasing student competence and achievement. Moreover, the comparability requirement is also relevant to the teacher training goal, as efforts to attain this goal by enhancing teacher training programs must ensure that separate programs for pregnant students have instructors who are comparably qualified to the instructors in regular school programs.[61]

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59 34 C.F.R. § 106.40(b)(3).

60 In the athletics context, for example, the controlling agency interpretation of the regulations requires the overall athletic programs for men and women to be equal in effect, rather than requiring identical programs. Title IX of the Education Amendments of 1972; A Policy Interpretation: Title IX and Intercollegiate Athletics, 44 Fed. Reg. 71413, 71415 (1979).

61 See, e.g., Richmond City Pub. Sch., 19 Individuals with Disabilities Educ. L. Rep. 440 (Sept. 18, 1992).

Pregnant Students Have a Right to Nondiscriminatory Treatment Within School Programs

Title IX prohibits schools from discriminating against students within regular school programs on the basis of pregnancy and related conditions. This prohibition requires schools to accommodate students with pregnancy-related conditions to the same extent that they accommodate students with other temporary disabilities, and it prohibits schools from treating a pregnant student worse than she would have been treated if she had not been pregnant.[62]

In order to accommodate pregnant students equally as required by the law, schools must provide excused absences and make-up assignments for all absences related to pregnancy and childbirth if they do so for other medical absences. If a school district provides home instruction for students who need to miss school for medical reasons, then it must do the same for students who miss school due to pregnancy or childbirth. If a school provides certain accommodations, such as an elevator pass, extra time between classes or adjustments in class schedules, to students with a physical disability that limits their mobility, then it must provide pregnant students who are similarly limited with those same accommodations. Schools must also modify requirements for courses, such as physical education, for pregnant students on the same basis that such modifications are made for other students with temporary disabilities. Similarly, schools can only apply medical certification requirements to pregnant students if the same requirements are applied to all students with medical conditions requiring a doctor's attention.[63]

The Title IX regulations also require pregnancy and related conditions to be treated the same as any other temporary disability with respect to medical benefits or services provided by a school.[64] Consequently, if a school provides school-based or school-linked health services, these services must include prenatal care and other pregnancy-related care.[65]

The antidiscrimination provision also prohibits school officials from treating pregnant students worse than they would have been treated but for their pregnancy, without regard to how other students are treated. For example, a teacher who denies a favorable recommendation to a pregnant student because of her pregnancy is violating Title IX. Similarly, schools have an obligation to ensure that pregnant students are not subjected to a hostile educational environment due to disparaging or denigrating remarks by teachers or other students relating to the student's pregnancy.[66]

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62 See Sex Discrimination Regulations, Hearings Before the Subcomm. on Postsecondary Educ. of the Comm. on Educ. & Labor, 94th Cong. 1st Sess. 20 (1975) (noting that the regulations require schools to treat pregnancy and related conditions the same as any other temporary disability).

63 34 C.F.R. § 106.40(b)(2).

64 34 C.F.R. § 106.40(b)(4).

65 Title IX does not require schools to provide or pay for abortion services, but schools may not discriminate against those who have sought or secured an abortion. 20 U.S.C. §1688.

66 See, e.g., Doe v. Petaluma City School Dist., 830 F. Supp. 1569 (N.D. Cal. 1993) (requiring schools to take appropriate action to stop sexual harassment of students by other students).

Because discrimination against pregnant students can discourage these students from staying in school and lower their academic performance, enforcement of Title IX's prohibition against pregnancy discrimination within regular school programs is vital to the national education goals addressing school completion and student achievement. In addition, enforcement of the nondiscrimination requirements with respect to allowing students excused absences to obtain prenatal care, and assisting them in obtaining such care, can decrease the incidence of low-birthweight babies and lead to healthier birth outcomes, thereby contributing to the school readiness of the children of teen parents. Finally, the potential for school districts to be held liable for classroom discrimination against pregnant students creates an incentive for schools to train teachers on the rights of pregnant students. Such training is not only consistent with the requirements of Title IX, but also furthers the goal of improving our nation's teachers, and their ability to teach an increasingly diverse population, through teacher training and professional development programs.

Schools Must Not Discriminate Against Teen Parents Based on Their Gender

In addition to prohibiting discrimination against pregnant students, Title IX also protects teen parents against sex-based discrimination by prohibiting schools from applying any rule that treats teen parents differently on the basis of their gender.[67] Consequently, special programs for teen parents may not be restricted to teen mothers, but must be equally available to teen fathers. Similarly, teen mothers may not be excluded from any educational benefit or opportunity that is available to teen fathers.

However, it may not be enough under the law that school policies on their face treat male and female student-parents the same. School policies and practices that purport to be gender-neutral, but that in fact have a disproportionate adverse impact on teen parents of one gender, also violate the law unless they are justified by educational necessity.[68] For example, a school policy denying student-parents excused absences to take care of their sick children will almost certainly have a disparate impact on teen mothers, as teen mothers are much more likely than teen fathers to be the primary caretakers of their children. Such a policy may not be justified by educational necessity because students who miss school to stay home with their sick child or take their child to the doctor could be excused from class and permitted to complete make-up assignments promptly without sacrificing their classroom education. Consequently, a policy denying student parents excused absences to take care of their sick children may violate Title IX. Moreover, placing teen mothers at a further educational disadvantage can only contribute to the already serious risk that they will drop out and not complete school.

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67 34 C.F.R. § 106.40(b)(1).

68 See, e.g., Georgia State Conference of Branches of NAACP v. Georgia, 775 F.2d 1403 (11th Cir. 1985); Larry P. v. Riles, 793 F. 2d 969 (9th Cir. 1984); Sharif v. New York State Educ. Dept., 709 F. Supp. 345 (S.D. N.Y. 1989)

To achieve the national education goals, educators must ensure that schools do not apply rules that penalize teen mothers, thereby jeopardizing their chances for academic success. In addition, measures to implement Goals 2000 by developing programs to help teen parents complete school and increase their participation in their children's education must not exclude teen fathers.

IV. STRATEGIES FOR SUCCESS

In addition to complying with the legal requirements of Title IX, school districts must engage in broad-based efforts to encourage and enable pregnant and parenting teens and their children to achieve academic success if they are to meet the high standards established by Goals 2000. Pregnant and parenting students often lack adequate support structures outside of school to enable them to fulfill the competing demands of parenthood and school. Traditional school environments, which have historically operated on the assumptions that students are uniformly situated with respect to scheduling and program needs and that the mission of a school is to provide only basic academic programming, have often failed these students. Efforts to make school environments more responsive to pregnant and parenting students, and to provide such students with the services they need to obtain a quality education, reinforce and are consistent with schools' obligations to pregnant students and teen mothers under Title IX.

A number of different approaches have been successful in reaching pregnant and parenting teens when the necessary resources and community support have been available to sustain such efforts. One strategy for helping pregnant and parenting teens succeed in school is to implement special programs targeting this population, either by providing additional programs and services for pregnant and parenting students in mainstream classes, or by offering separate educational programs for such students. School districts that do not offer separate programs for pregnant and parenting students may help this population by making accommodations in the regular school environment, such as flexible scheduling, experiential learning and social services coordination, that will benefit pregnant and parenting teens as well as other at-risk students.

Where a special program is offered to assist pregnant and parenting teens, the decision of whether the program should be a separate academic program or merely supplement mainstream academic programs should be informed by the needs and preferences of pregnant and parenting teens within that community,[69] as well as an evaluation of whether resources are available to support a truly comparable separate academic program for pregnant and parenting students.[70] In some areas, community hostility toward pregnant and parenting teens may be so severe that, given a choice, these students would prefer to attend school in a more supportive, separate environment with similarly situated peers. In other areas, however, pregnant students may feel sufficiently accepted by their peers as to prefer to remain in regular classes.

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69 Gail Zellman, The Response of the Schools to Teenage Pregnancy and Parenthood (Rand Corp., 1981) at vi. Of course, as discussed earlier, no student may be coerced into attending such a separate program. Before deciding to create a separate program, educators should determine the level of interest among pregnant and parenting students in attending such a program. Separate academic programs may not make sense financially or academically if only a very small portion of the eligible population would want to leave regular school classes to attend them.

70 See discussion, supra, at 21.

A determination of how to maximize the level of support services available to pregnant and parenting teens should also enter into the equation. For example, school districts with only a few pregnant or parenting students in each school may not be able to provide child care assistance to every school, whereas a centrally located separate school for pregnant and parenting students in that district may be able to offer such services. On the other hand, consolidating services for pregnant and parenting teens in one location may require additional transportation services to make such programs accessible. District officials should bear in mind that where separate programs are offered for pregnant and parenting students, regular schools must still provide sufficient services for these students to ensure that the separate program is truly voluntary.

In school districts that operate separate programs for pregnant and parenting students, it is essential that strategies and services continue to assist this population in the transition back to regular school programs.[71] Otherwise, many teen parents may decide to drop out at the conclusion of the separate program, rather than returning to regular schools.[72]

Successful Program Components

Educators will need to address a variety of needs in order to significantly improve the education of pregnant and parenting teens and further the national education goals. The following recommendations reflect program components that have been successful in assisting pregnant and parenting students succeed in school. The most effective approaches combine multiple components, so that the effort as a whole comprehensively addresses all of the educational barriers that pregnant and parenting teens face in their communities. Successful strategies should include the following program components.

Child Care. One of the major obstacles teen parents face in completing school is the lack of affordable child care. One survey of teens in New York City revealed a severe shortage of child care for teen parents, with day care slots for low-income families able to accommodate only one out of every eighteen children under two years old who were eligible for subsidized day care.[73] The same study found that nearly 10,000 teen dropouts in New York City would return to school or attend an employment training program if they were able to secure adequate and accessible child care services.[74] Service providers in rural areas also report that many new teen

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71 See Fern Marx et al., Child Care for the Children of Adolescent Parents: Findings from a National Survey and Case Studies, Working Paper Series No. 184 (Wellesley College Center for Research on Women, 1988) at 13-14.

72 Id. at 4.

73 Day Care Committee: New York City Task Force on Adolescent Pregnancy, Day Care for New York City's Teen Parents: An Action Agenda (New York, NY, May 1988) at 4.

74 Id. at 14.

parents who previously had dropped out desire to return to school to become self-sufficient, but are unable to do so because of a lack of affordable child care.[75] According to a study conducted by the Child Welfare League, five out of every six teenage mothers want to return to school or look for work, but 43% of these are unable to do so because they lack child care.[76] Lack of child care is often an insurmountable obstacle to school completion by teen parents.[77]

Even where special programs do provide child care for children of teen parents, such services are often limited to very young children, leaving mothers of older children without child care and unable to attend school.[78] Given the decreasing ages of teen mothers, such a limitation can seriously impede school completion for teen mothers who give birth at a very young age.[79]

Schools should strive to assist parenting teens who desire to remain in or return to school, but are unable to do so because of their child care responsibilities, either through on-site child care services or referrals to community-based care. If resources are not available for on-site child care, schools should coordinate with child care providers to make the adequate availability of child care for school-aged teen parents a priority, and assist teen parents in obtaining transportation to and from the child care provider.

On-site child care can provide an added opportunity to teach child development and parenting skills classes while simultaneously increasing school retention.[80] Programs providing child care for parenting students may also reduce the incidence of repeat births, which have a strong negative correlation with educational attainment, as teen parents who stay home to care for their children are more likely to have additional children.[81] Schools should strive to secure child care for teen parents as quickly as possible, since young mothers who return to school right after giving birth are more likely to complete school than those who return after significant delays.[82]

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75 Telephone interviews with program staff at various school programs targeting pregnant and parenting teens (July 1994)(notes on file with National Women's Law Center).

76 Day Care Committee, supra note 73, at 14.

77 Marx, supra note 71, at 1-2. An early report on the results of Ohio's Learning, Earning and Parenting Program (LEAP), which increased or decreased AFDC grants to teen parents who had not completed high school based on school attendance, found that the lack of adequate child care options was a major problem that lessened the program's success. See Dan Bloom et al., LEAP: Interim Findings on a Welfare Initiative to Improve School Attendance Among Teenage Parents — Ohio's Learning, Earning and Parenting Program (Manpower Demonstration Research Corp., July 1991) at 5-6.

78 Marx, et al., supra note 71, at 41-5, 13 (noting that 58% of child care services offered in the teen parenting programs surveyed only serve children under 3 years of age).

79 Id.

80 Scott-Jones, supra note 11, at 475 (1991) (finding that child care programs coupled with compulsory school attendance increases school retention); Janice Earle, "Counselor/Advocates: Changing the System," Public Welfare, (Summer 1990), at 17.

81 Day Care Committee, supra note 73, at 17-18.

82 Id.

In addition to improving school completion, quality child care programs can also have a positive effect on school readiness for the children of teen parents.[83] One school for teen parents in Chicago conducts preschool in a nearby classroom, enabling teen parents in need of child care to attend school, while doubling as a lab for child care classes to teach teens about parenting and child development. The program has had positive results for teen parents and their children. Participation in the program has discouraged repeat pregnancies and kept more teen mothers in school, while at the same time providing the children of teen parents with a head start on learning.[84]

Flexible Scheduling. Traditional school schedules do not respond to the needs of pregnant and parenting teens.[85] For many pregnant students, a six or seven period school day may be too great a strain. When placed under such pressures, many pregnant students drop out of school until after childbirth. However, once a pregnant student drops out of school to give birth to her child, she is much more likely to drop out of school altogether because of the stigma associated with being left behind a grade. Even when a student does return to school after giving birth to a child, scheduling and attendance difficulties continue and are compounded by medical appointments and child care problems. Unable to attend a full day of school, this student may eventually drop out.[86]

To avoid this outcome, pregnant and parenting students need flexibility in their class schedules to accommodate the physical demands of pregnancy, medical and social service appointments and parental responsibilities.[87] Some students may need a partial schedule because they are unable to obtain a baby sitter early enough in the morning to attend first period classes. Other students may benefit from free periods during the day where they can schedule medical appointments, meet with social workers or nurse their babies. Such students may be able to maintain a full course load if allowed to supplement a lighter day-time course schedule with evening, weekend or summer classes.[88] Counselors should work with students to develop an individual education plan for a shortened school day, home tutoring or additional classes outside of regular school hours.

Flexible attendance policies are also essential to enable pregnant and parenting students to continue in their classes. Boston's public school system, for example, has developed a policy statement directing teachers to count parenting students as constructively present if they submit make-up work for classes missed because of a

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83 Claudia Dowling, Teenaged Mothers Seventeen Years Later (The Commonwealth Fund, 1987) at 13.

84 Compton, supra note 30, at 164.

85 Dunkle & Nash, supra note 40, at 8 (1989).

86 Earle, Female Dropouts: A New Perspective, supra note 26, at 14; Earle, "Counselor/Advocates: Changing the System," supra note 80, at 22.

87 Earle, "Counselor Advocates: Keeping Teens in School," supra note 86, at 10; Earle, "Counselor/Advocates," supra note 80, at 19.

88 Earle, Female Dropouts: A New Perspective, supra note 26, at 14.

sick child or problems obtaining child care.[89] Schools should also take care to accommodate the physical disabilities affecting pregnant students, for example, by allowing them extra time to walk to and from classes and giving them a bathroom pass if requested.

Flexibility in school schedules and attendance policies is also important for children of teen parents. Schools can accommodate the medical needs of pregnant and parenting students, thereby benefiting the children of teen parents, by allowing flexibility with respect to school schedules. For example, one seperate academic program in Hartford, Connecticut, holds classes four days each week and reserves Fridays for medical appointments for teen mothers and their babies.[90] Even schools that do not have special programs for pregnant and parenting teens can accommodate the medical needs of pregnant and parenting students by permitting flexible class schedules—for example, by allowing such students to begin the school day later and then coordinating with local health providers to arrange early morning appointments for school-age patients. Appropriate medical care for pregnant teens and the children of teen parents is essential to ensure that these children enter school ready to learn.

Counseling. Schools that provide ongoing counseling to pregnant and parenting students show increased retention rates for these students.[91] Counseling can enhance self-esteem, provide role models, encourage academic achievement and assist students in obtaining the support services they need to stay in school. Schools should designate a staff person to assist, monitor and counsel pregnant and parenting students, and assist with providing support groups for pregnant and parenting students and their parents.

Such services should also be available to teen fathers, as they too need counseling and other assistance to improve their relationships with their children.[92] Developing positive relationships between teen fathers and their children can increase the child's chances of being successful in school.[93]

Coordination with Community Service Providers. Service providers and school districts should coordinate service delivery to pregnant and parenting teens and other at-risk youth. On-site delivery of services has been found to increase program success.[94] If schools are unable to provide services on-site, however, they

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89 Id. at 59-60.

90 Telephone interview with Sheila McNally, Director of Hartford School District Teenage Parents Program (July 19, 1994) (notes on file with National Women's Law Center).

91 See Earle, Female Dropouts: A New Perspective, supra note 26, at 14; Margaret Nash & Margaret Dunkle, Promoting Collaboration, Promoting Success: Educators Working with Communities on Teenage Pregnancy and Parenting (The Equality Center, 1988) at 13; Earle, "Counselor/Advocates: Changing the System," supra note 80, at 21.

92 See Robinson, supra note 15, at 44-48, 118-25.

93 Id.

94 See Denise Polit, et al., The Challenge of Serving Teenage Mothers: Lessons from Project Redirection (Manpower Demonstr. Res. Corp., Oct. 1988) at 28 (finding that pregnant and parenting teens are more likely to use on-site services, that on-site services are easier to monitor, and that off-site services often are not designed to meet the needs of pregnant and parenting teens).

should initiate a partnership with health departments, social services, employment and training institutions, and nonprofit community-based organizations, and be the central link of a referral network to provide such services. Necessary services include health care, social services, income support benefits, housing assistance, food stamps, employment services, transportation and day care. Every student in need of these services should be part of a case management system where designated staff coordinate and monitor service delivery.[95]

Coordination between schools and service providers furthers the school completion and student achievement goals by enabling school personnel to refer pregnant and parenting students to the services they need to be able to complete their education.[96] In addition, such programs contribute to the school readiness of the children of teen parents by ensuring that teen parents and pregnant teens receive the services they need to have healthy babies. To maximize their effect, programs seeking to improve the health of the children of teen parents through the provision of health and related services should enroll pregnant teens in the program as early as possible.[97]

Data Collection. State and local education agencies currently lack adequate data about the numbers of pregnant and parenting students and dropouts and on the programs available to serve such students.[98] School districts should collect and release accurate data on school completion and achievement by pregnant and parenting students, both in the district as a whole and in individual schools. The ability of schools to retain high-risk students should become part of the criteria used to assess schools, with recognition and awards for outstanding districts, schools and dropout prevention programs. Those schools and school districts that fail to achieve certain levels of school completion should be required to submit plans for improvement. State and local education agencies should also obtain data on the number and percentage of adolescent girls who give birth per district and coordinate data collection and distribution with state education, health, social service and employment departments.

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95 The Booker T. Washington School in New Orleans, for example, reaches pregnant and parenting teens by providing coordinated services for all students in need. See The Center for Human Resources, Promoting Self-Sufficiency Among Teenage Parents: Case Studies and a Synthesis of Lessons Learned from a National Demonstration Project (Brandeis Univ., Sept. 1992) at 24.

96 See Nash & Dunkle, supra note 91.

97 See Theresa Ward Warner, "What Works? A Number of Programs Exemplify Success," Public Welfare (Summer 1990) at 24. One separate school in Florida attempts to enroll young women in the school as early as possible, preferably before the fourth month of pregnancy. Ann M. DeRose, "Identifying Needs, Gaining Support for, and Establishing an Innovative School-Based Program for Pregnant Adolescents," Pregnancy and Adolescence: Needs, Problems and Management 341 (Irving R. Stewart & Carl F. Wells, eds., 1982). Program staff have found that early enrollment gives staff members a greater opportunity to help pregnant teens address various health issues during pregnancy, including nutrition. Id.

98 See Dunkle & Nash, supra note 40, at 5; The Support Center for Educational Equity for Young Mothers, supra note 38, at 2, 5; Earle, supra note 26, at 8.

Data collection should include evaluation of the reasons why students drop out and the effects of dropout prevention programs. Schools should conduct outreach to determine the reasons why students drop out and the number of dropouts who are pregnant or parents. The number of pregnant and parenting teens who are served by special programs should be recorded as a percentage of eligible population, and follow-up efforts should be made to determine program success for those teens served.

Instruction in Prenatal Health and Parenting. Prenatal classes, whether for credit, during a free period or after school, can teach pregnant students about proper nutrition and exercise, the effects of drug abuse, child birth and medical care. Parenting classes can also help students fulfill their parental responsibilities, as well as provide an incentive to stay in school. The needs of teen fathers should be considered in the design of such programs, and teen fathers, as well as teen mothers, should be encouraged to take advantage of such programs.

Family Planning Services. Postponing repeat pregnancies is essential to improving school retention rates for pregnant and parenting students. A teen parent's chances of completing school plummet when she gives birth a second time during her school-age years.[99] Consequently, family planning is an important component in any comprehensive program to prevent pregnant and parenting students from dropping out of school. However, merely prescribing contraceptives to teens is often not enough to avoid repeat teenage pregnancies.[100] One study found that pregnant and parenting teens who receive care in special adolescent-oriented postpartum programs are more likely to follow contraceptive prescriptions and postpone repeat pregnancies, and are less likely to drop out of school, than teens who received contraceptives in general family planning clinics.[101]

School-Based or School-Linked Health Clinics. School-based or school-linked health clinics can also contribute to school retention for pregnant and parenting teens. A study of a comprehensive high school clinic program in St. Paul, Minnesota, found that the on-site clinic decreased the number of births to teenagers, increased the proportion of pregnant adolescents who remained in school and decreased the number of repeat pregnancies among them.[102] In addition to providing family planning services, school-based or school-linked health services can detect health, academic, social and family problems that decrease self-esteem and reduce students' ability to learn.[103] Pregnant teens who have access to such services

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99 See Scott-Jones, supra note 11, at 463-64 (1991).

100 Catherine Stevens-Simon & Roberta Beach, "School-Based Prenatal and Postpartum Care: Strategies for Meeting the Medical and Educational Needs of Pregnant and Parenting Students," Journal of School Health (Sept. 1992) at 306.

101 Id.

102 See Compton, supra note 30, at 159.

103 Id. One study of school-based clinics found that 60-75% of student visits were unrelated to family planning. Id.

are more likely to remain in school during their pregnancy and receive more prenatal care than teens who receive their prenatal care elsewhere.[104] Keeping pregnant students in school during their pregnancy maximizes the likelihood that such students will complete their education.[105] In addition, improving access to prenatal care benefits the children of teen parents and improves their readiness for school.

Outreach to Pregnant and Parenting Dropouts. Efforts to improve the education of pregnant and parenting teens as required by the national education goals must involve outreach to re-enroll pregnant and parenting dropouts. School programs targeting pregnant and parenting teens report that many of their participants were former dropouts, with the percentage of dropouts as high as 80% of the students served.[106] Pregnant teens and teen parents who have already dropped out are probably most accessible through public health and social services, although outreach by school officials can be effective in reaching this population as well.[107] Developing networks with existing services for teen parents, such as obstetrical-gynecological clinics, Planned Parenthood and other family planning providers, and pediatric services are effective recruitment mechanisms, as well as outreach to clergy members.[108] Re-enrolling pregnant and parenting dropouts in school programs is essential if we are to achieve the objectives of Goals 2000.

Creative Learning Strategies and Supplemental Educational and Vocational Services. Cooperative and experiential learning techniques, more effective in reaching many students than traditional teaching methods, may also be more effective with pregnant and parenting teens.[109] Creative teaching methods and other measures designed to address the motivational and academic needs of pregnant and parenting students may improve student performance and help keep these students interested in completing school.

Team learning techniques have been successful in eliminating gender bias in the classroom while improving academic performance. One alternative teaching model, the Team Achievements Division of the Johns Hopkins Team Learning Project, emphasizes cooperative learning by grouping students into teams, which work

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104 Jean Setzer & David Smith, "Comprehensive School-Based Services for Pregnant and Parenting Adolescents in West Dallas, TX," Journal of School Health (March 1992) at 101.

105 See Dowling, supra note 83, at 5.

106 Telephone interviews with program staff at various programs targeting pregnant and parenting teens (July 1994)(notes on file with the National Women's Law Center). The LEE Adolescent Mothers Program (LAMP) receives 80-85% of its referrals from a county health department program that provides pregnancy testing and other services to teens. See DeRose, supra note 97, at 340-41. Most program participants had dropped out of school before becoming enrolling in LAMP. LAMP staff rely on a network of service organizations, including local doctors' offices, clinics and regular schools for referrals. Id.

107 Louise Warrick, et al., "Educational Outcomes in Teenage Pregnancy and Parenting Programs: Results from a Demonstration," 25 Fam. Planning Persp., July-Aug. 1993, at 149.

108 Mark Kiselica & Joan Pfaller, "Helping Teenage Parents: The Independent and Collaborative Roles of Counselor Educators an School Counselors," J. Counseling & Dev., (Sept-Oct. 1993) at 44.

109 See Earle, supra note 46, at 5-6 (1987).

toward a common goal, and evaluating both individual and team performance. The approach is based on the theory that many female students benefit more from collaborative interaction than from traditional, independent classroom learning styles.[110] Teachers assign projects to groups of four diverse students. The group reviews the lesson together, but each student receives an individual quiz and grade.[111] Results of the project have found "improved academic achievement, and also more favorable attitudes toward school, increased cooperativeness and altruism, more positive intergroup relations, and increased feeling of individual control over school activities."[112]

Programs providing vocational training and work experience through a nonclassroom component have also been successful for pregnant and parenting students. For example, one successful school for pregnant and parenting students in Minneapolis, "New Vistas," run by the Honeywell company, combines academic and vocational programming by permitting students to intern at Honeywell during summer months to learn vocational skills and obtain work experience.

Other measures can also increase the academic achievement of pregnant and parenting students. Supplemental summer programs and additional instruction outside of regular school hours can enhance the academic skills of pregnant and parenting teens, and are particularly advisable where such students have had limited school hours during the regular academic year to accommodate the demands of pregnancy and parenting.[113] Similarly, remedial and individualized instruction may be a prerequisite to increased academic achievement for many pregnant and parenting students.[114] Mentoring and the use of role models have also been effective to motivate and encourage pregnant and parenting students toward greater academic success.[115]

Teacher Education Programs Designed to Eliminate Teacher Bias. Schools with encouraging and unbiased teachers are much more likely to be successful in retaining and educating pregnant and parenting students.[116] In order to effectively reach pregnant and parenting students, teachers and other adults working with these teens must set aside their biases against these students and help them acquire an education rather than preaching the immorality of teen pregnancy. Programs designed to rid teachers of classroom bias have been successful in increasing student performance and improving the school environment. Although these programs focus on eliminating gender bias from the classroom generally, without specifically

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110 Id.

111 Id. at 7.

112 Id.

113 Id. at 6-7 (reporting increased reading and math proficiency for participants in one summer program focusing on math, science and life skills).

114 Ooms, supra note 23, at 19.

115 Polit, supra note 94, at 9-10; School Age Parent Program, An Alternative Education Program (Beaver Dam, Wisconsin, 1991) pamphlet at 9.

116 Dunkle & Nash, supra note 40, at 6; Earle, "Counselor/Advocates: Changing the System," supra note 80, at 20-21.

focusing on biases against pregnant and parenting teens, they have had positive results for female students overall and could be modified to include segments addressing specific issues relating to pregnant and parenting students.

The Gender/Ethnic Expectations and Student Achievement program (GESA), developed through the Los Angeles Unified School District, is designed to help teachers eliminate gender bias in the classroom. The program has been implemented in over 200 school districts throughout the country. It encompasses a series of three-hour workshop sessions covering different issues of gender disparity in the classroom. As part of the program, teachers observe and are observed in the classroom, and student-teacher interactions are evaluated based on the teacher's ability to integrate workshop lessons into the classroom. Evaluations of the program have found that it "not only decreased disparity between genders, but also between ethnic groups and students of differing abilities and socio-economic status."[117] In addition, the program improved student levels of math and reading achievement overall.[118]

Another teacher training program implemented by the Alabama Department of Education, Expanding Staff Potential in High Technology (ESP), is designed to explain Title IX to school personnel and provide methods for its implementation. ESP seminars help teachers and administrators create programs for their schools to "resist sex stereotyping, to counsel students into nontraditional careers, and to recruit local business and industrial personnel to serve as role models."[119] Although the program's curriculum does not specifically address the rights of pregnant and parenting students, if supplemented to do so, it could provide a vehicle for improving teacher understanding of these issues and securing the rights of pregnant and parenting students in the classroom.

In addition to responding to pregnant and parenting students in an unbiased manner, teachers should encourage these students to explore nontraditional educational and career paths. This is particularly important for adolescent mothers, who may not recognize the importance of an education for teen mothers or the need to become self-sufficient to support their families.[120]

Parent Involvement. Efforts to improve the education of pregnant and parenting teens should include programs to encourage the parents of pregnant and parenting teens to participate in their children's education.[121] Successful programs for pregnant and parenting teens often involve the teens' parents, since the educational success of teen parents is positively influenced by a supportive family environment.[122] Parents can be included in the educational process through family

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117 Earle, et al., What's Promising: New Approaches to Dropout Prevention for Girls, supra note 46, at 14.

118 Id.

119 Id.

120 Sonia Perez & Luis A. Duanay, Reducing Hispanic Teenage Pregnancy and Family Poverty: A Republican Guide (National Council of La Raza, 1992) at 45.

121 Warner, supra note 97, at 24.

122 Id.

support groups, recreational activities and structured visits. At the same time, teen parents should be involved early in their children's education through coordination between early preschool and secondary school programs. Such efforts further the goal of increasing parental participation, while at the same time contributing to the educational success of pregnant and parenting teens and their children.

Model Programs

The most successful programs combine a number of the above components to comprehensively address the needs of pregnant and parenting teens and enable them to be successful in school. The following discussion of specific programs and their results represents only a small sample of the many successful programs throughout the country that address the barriers faced by pregnant and parenting teens in obtaining a quality education.

The Family Learning Center in Leslie, Michigan, is a separate school that serves pregnant teens and new parents from seven rural school districts. Students are transported by bus or minivan to one high school campus and are provided with such services as child care, counseling, referrals to social and legal services, individualized schedules and job preparation all at one site. A school nurse provides comprehensive health services, including checkups and home visits for pregnant mothers, and assistance with child immunizations.[123] The academic portion of the program follows a normal school curriculum and encourages students to attend regular classes when possible. In addition to traditional academic programming and vocational training, students take classes in parenting, nutrition and family planning.[124] The program accepts teen fathers as well as mothers and involves the teen's parents if possible.

The program has been extremely successful in keeping pregnant and parenting teens in school and has a 90% graduation rate.[125] It has also proven successful at reducing repeat pregnancies, which would otherwise have a severe impact on school completion. The rate of repeat teen pregnancies among program participants was 2.4% in 1989, compared to 33% nationwide.[126] The results of the program have also been encouraging from the perspective of improving the school readiness of the children of program participants, as participants have had fewer problem pregnancies, healthier infants and fewer reports of child abuse and neglect.[127]

Another separate program in St. Paul, Minnesota, the Maternal and Infant Care Project, focuses on the healthcare needs and parental responsibilities of pregnant

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123 Jean Ekins, The Family Learning Center: A Distinctively Different Program for School Aged Parents and Community Families (New York: The Ford Foundation, 1989) at 10.

124 Id. at 6.

125 Id. at 6.

126 Id. at 10.

127 Id. at 8.

and parenting teens. The program provides health education—covering such topics as prenatal care, parenting, family life, sex education, and chemical dependency—support groups, and on-site health clinic services with a full range of preventive care, prenatal care and family planning services. Students also have access to on-site day care, which doubles as a laboratory for a one-credit child development class. The program has an 87% graduation rate for adolescent mothers, compared to the national average of 49%.[128]

Supplemental programs in which pregnant and parenting teens remain in mainstream classes have also demonstrated positive results in the areas addressed by Goals 2000. In 1986, the National Association of State Boards of Education established a three-year counselor/advocate demonstration program that identified students in need of services and provided referrals for health and social services. The program was funded through the U.S. Department of Health and Human Services and the Department of Labor, and was implemented in two large schools in Prince George's County, Maryland, and Milwaukee, Wisconsin. Every pregnant or parenting student was assigned a counselor/advocate who tracked that student's attendance and academic progress, provided personal and academic counseling and maintained a case management file on that student. The program coordinated community services through regular meetings with counselors, school officials, health, education and employment departments and community groups. School personnel worked with service providers to facilitate the scheduling of appointments and arrange for alternative class schedules. Parenting classes and a school nurse were also available. The project resulted in school retention rates for pregnant and parenting teens in the Maryland and Wisconsin programs of 93% and 97%, respectively, during the project's first year.[129] By the end of the three-year project, students in the programs had school retention rates of 81% in the Maryland school and 87% in the Wisconsin school, both of which are significantly higher than the national average.[130]

Another supplemental program for pregnant and parenting teens, San Francisco's Teenage Pregnancy and Parenting Project (TAPP), provides case management services and advocacy for pregnant and parenting students in the city's public schools. Pregnant and parenting teens are assigned a continuous counselor who assists them in obtaining needed services and acts as their advocate in the school system. Teen fathers, as well as teen mothers, have access to services in the program. The program has had a positive impact on school retention, with the school retention and enrollment rates for the pregnant and parenting students in the program exceeding the national average.[131] The program has also had positive results for the children of

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128 Compton, Duncan & Hruska, supra note 30, at 152.

129 See Earle, What's Promising: New Approaches to Dropout Prevention for Girls, supra note 46, 14.

130 Earle, "Counselor/Advocates," supra note 80, at 28. The Milwaukee school was able to secure funding to continue the program at the end of the three year period, while the program in the Maryland school terminated after three years as a result of a lack of funding.

131 65% of TAPP students are still in school at six months after childbirth, compared to 30% nationally and 10% locally. See Marx, supra note 71, at appendix page 6.

teen parents, by reducing the incidence of low-birthweight babies among program participants to 8%, compared to 11-17% nationally.[132]

Project Redirection, a supplemental pilot program first implemented in four cities in 1980 by community-based organizations, links teen parents with a variety of health and social services. The program provides comprehensive services to pregnant and parenting teens, either on-site or through referral to community-based providers, including counseling and other services related to education, employment, parenting, health and life management.[133] Parenting education is a substantial component of the program. A five-year study conducted by the Manpower Demonstration Project, using a comparison group of similarly disadvantaged nonprogram participants who had access to the regular services available in their communities, found that children of program participants were significantly better off than their comparison-group counterparts in terms of cognitive, social and emotional development, and had fewer behavioral problems.[134]

Efforts to improve the educational opportunities for pregnant and parenting teens and their children through special programs targeting this population are beneficial, but are only a partial solution. Programs for pregnant and parenting teens reach only a fraction of the eligible population. For example, service providers in Hartford, Connecticut, and in Ventura County, California, report that existing programs have the capacity to serve no more than half of the teen mothers in their areas.[135] While special programs can significantly improve the education and overall health and welfare of pregnant and parenting teens, they should not be viewed as a substitute for efforts by regular schools and school programs to retain and educate these students.

Rather, special programs, where they exist, should be operated as part of a continuum of care, in which efforts are also made to make mainstream school environments more accessible to pregnant and parenting students. This will require modifying traditional school environments to offer more flexible school structures, and extending needed services to at-risk students through community coordination. Effective coordination of services may be accomplished through the use of school counselors as a source of information and referrals linking pregnant and parenting students to community-based or on-site services.[136]

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132 Id. at 7.

133 See Polit, supra note 94, at 1. The four cities selected were Boston, New York City, Phoenix and Riverside, CA.

134 Id.

135 Telephone interviews with program staff at various programs targeting pregnant and parenting teens (July 1994)(notes on file with National Women's Law Center).

136 See Nash & Dunkle, supra note 96, at 8-12 (1988) (encouraging counselors to establish a directory of services for pregnant and parenting teens and to produce a newsletter discussing such services).

V. FEDERAL EDUCATION REFORM LEGISLATION AND THE IMPLICATIONS FOR EFFORTS TO ASSIST PREGNANT AND PARENTING TEENS

Possible sources of funding to support strategies for increasing educational attainment of pregnant and parenting teens and their children may be found in the new federal education reform legislation. In addition to the federal grants awarded under Goals 2000 to facilitate school reform, the School to Work Opportunities Act of 1994 and the newly reauthorized Elementary and Secondary Education Act (ESEA) may also provide resources to support efforts to assist this population.

The School to Work Opportunities Act authorizes $300 million in federal funding to develop and implement state and local school-to-work programs that integrate school-based and on-the-job learning by establishing linkages between secondary and postsecondary education. The Act permits funded programs to include a variety of supplementary services that may be helpful to pregnant and parenting students, such as child care and transportation.

The ESEA may also provide resources for programs and services designed to assist pregnant and parenting teens to succeed in school. The ESEA authorizes a total of $12.7 billion in federal education funding, with over half of that amount allocated to Title I, the program targeting disadvantaged children. Programs funded under Title I, including schoolwide reform, targeted assistance to disadvantaged children, Even Start and programs for neglected, delinquent and at-risk youth, could include many of the program components that have been found effective in reaching pregnant and parenting students.

The schoolwide reform and targeted assistance programs receive the bulk of Title I funding. Although these programs do not specifically address pregnant and parenting teens, reform strategies funded under these programs may include programs components that will benefit this population. For example, schoolwide reform programs are required to use instructional strategies designed to meet the educational needs of historically underserved populations, such as girls and women, and may incorporate gender-equitable methods and practices. In addition, targeted assistance programs, which target low-income children rather than entire schools, may allocate a portion of these funds to provide eligible children with health, nutrition and other social services not otherwise available. As discussed above, creative learning strategies, school-based or school-linked health services, and other coordinated social services are important components of an overall strategy to help pregnant and parenting teens obtain a quality education.

In addition, Even Start, a Title I program that allocates funds to prepare parents to participate in their children's education, was amended in the new ESEA to enable teen parents and their children to participate in the program. As amended, Even Start provides additional resources for programs designed to enhance the skills of teen parents and increase their participation in their children's schooling. The program for neglected, delinquent, or at-risk youth authorized under Part D of Title I also addresses the needs of pregnant and parenting teens, by specifically recognizing

that pregnant and parenting teens are at high risk of dropping out of school and that this population should be targeted by dropout prevention programs. Funds authorized under this program may be used to serve youth at educational risk, including pregnant and parenting teens.

Other Titles of the ESEA may also provide resources for strategies to enhance educational opportunities for pregnant and parenting teens. Title II authorizes funds to improve teaching and learning through programs that incorporate effective techniques to meet the educational needs of diverse student populations. Title IV authorizes funds for safe and drug-free school programs for populations that need special services or additional resources, and specifically lists pregnant and parenting teenagers as a population in need of such services. Title V reauthorizes the Women's Educational Equity Act at $5 million, and specifically authorizes grants to implement policies and programs to assist pregnant and parenting students to complete school and prepare their children for school. Title V also authorizes dropout prevention grants to identify potential dropouts, including pregnant and parenting teens, and implement programs to prevent such students from dropping out. Funds are also authorized under this provision to develop and implement model systems for collecting and reporting data on dropouts. Finally, the Secretary's Fund for the Improvement of Education authorizes grants for demonstration programs to test the efficacy of prenatal counseling on prenatal outcomes.

Overall, recent federal education legislation may provide new resources to support the development of creative strategies to address the needs of pregnant and parenting teens and, as a result, help make the national education goals a reality.

VI. RECOMMENDATIONS FOR STATE EDUCATION AGENCIES

As states design their plans to implement Goals 2000: Educate America Act and School To Work Opportunity Act, it is critical that the particular educational, health and social service needs of pregnant and parenting adolescents are addressed to ensure access and successful outcomes. Through policies, technical assistance, information dissemination and funding, state educations agencies can:

1. Ensure that schools and school districts are in compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination against pregnant students and teen parents in federally funded programs.

2. Provide support to districts to enhance curriculum and instruction that includes the elements of successful programs identified in this document, including child care, flexibility in class schedules, counseling, prenatal and parenting classes, cooperative learning strategies, vocational training, supplemental summer and evening instruction, remedial programs and mentors.

3. Provide staff development support that includes training to eliminate bias against pregnant and parenting students and increase staff understanding of the legal requirements of Title IX.

4. Assist school districts to collect data on school completion and achievement of pregnant and parenting students and the results of programs addressing this population to evaluate and improve programs.

5. Strengthen partnerships with health and social service agencies and with families to encourage school-based or school-linked service delivery that enhances the well-being and civil rights of pregnant and parenting teens.

VII. CONCLUSION

Without a concerted effort to improve the educational programs and opportunities available to pregnant and parenting teens, Goals 2000 will leave behind an important and substantial segment of our nation's youth. As an essential step toward achieving the national education goals, school districts must bring their policies and practices into full compliance with federal law addressing the educational rights of pregnant teens and teen mothers. In addition, educators must ensure that pregnant and parenting students and their children receive the assistance they need to succeed in school if the national education goals are to become a reality. The cost of not taking action far exceeds the cost of implementing effective strategies to reach this most important population.

BIBLIOGRAPHY

The Academy for Educational Development, *A Stitch in Time: Helping Young Mothers Complete High School* (A.E.D. 1989).

The Alan Guttmacher Institute, *Sex and America's Teenagers* (1994).

Anderson, Douglas K., *Effects of Pregnancy, Childbirth, and Motherhood on High School Dropout* (Discussion Paper No. 1027-93) (University of Wisconsin-Madison: Institute for Research on Poverty, December 1993).

Association of Junior Leagues, Inc., American Association of School Administrators, *Teenage Pregnancy: Developing Life Options* (1988).

Bloom, D.; Fellerath, V.; Long, D.; and Wood, R., *LEAP: Interim Finding on a Welfare Initiative to Improve School Attendance Among Teenage Parents — Ohio's Learning, Earning and Parenting Program* (Manpower Demonstration Research Corporation, July 1991).

Brake, Deborah, "Legal Challenges to the Educational Barriers Facing Pregnant and Parenting Adolescents," *Clearinghouse Review* (Chicago, IL: National Clearinghouse for Legal Services, Inc., June 1994), 141-155.

The Center for Human Resources, *Promoting Self-Sufficiency Among Teenage Parents: Case Studies and a Synthesis of Lessons Learned from a National Demonstration Project* (Brandeis University, September 1992).

The Center for Population Options, *Teenage Pregnancy and Too Early Childbearing: Public Costs, Personal Consequences* (6th ed., 1992).

Compton, Nancy; Duncan, Mary; and Hruska, Jack, *How Schools Can Help Combat Student Pregnancy* (National Education Association, 1987).

Day Care Committee: New York City Task Force on Adolescent Pregnancy, *Day Care for New York City's Teen Parents: An Action Agenda* (May 1988).

DeRose, Ann M., "Identifying Needs, Gaining Support for, and Establishing an Innovative, School-Based Program for Pregnant Adolescents," *Pregnancy in Adolescence: Needs, Problems, and Management* (Irving R. Stewart and Carl F. Wells, eds., Van Nostrand Reinhold Company, 1982), 3337-3363.

Dowling, Claudia, *Teenaged Mothers Seventeen Years Later* (The Commonwealth Fund, 1987).

Dunkle, Margaret, *Adolescent Pregnancy & Parenting: Evaluating School Policies and Programs from a Sex Equity Perspective* (Council of Chief State School Officers Resource Center on Educational Equity, 1985).

Dunkle, Margaret, "School's Today Aren't Making the Grade: A Survey Identifies Shortcomings," *Public Welfare*, (1990), 9-14.

Dunkle, Margaret and Nash, Margaret, *The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens* (Equality Center, May 1989).

Earle, Janice, "Counselor/Advocates: Changing the System," *Public Welfare* (Summer 1990), 16-22.

Earle, Janice, *Counselor/Advocates: Keeping Pregnant and Parenting Teens in School* (National Association of State Boards of Education, 1990).

Earle, Janice, *Female Dropouts: A New Perspective* (National Association of State Bds. of Education and Women's Educational Equity Act Program, U.S. Department of Education, 1989).

Earle, Janice; Fraser, Katherine; and Roach, Virginia, *What's Promising: New Approaches to Dropout Prevention for Girls* (National Association of State Boards of Education, 1987).

Ekins, Jean, *The Family Learning Center: A Distinctively Different Program for School Aged Parents and Community Families* (New York, NY: The Ford Foundation, 1989).

Geronimus, A. and Korenman, S, "Maternal Youth or Family Background? On the Health Disadvantages of Infants with Teenage Mothers," *American Journal of Epidemiology* (1993).

Hess, Alfred, *et al., Invisibly Pregnant: Teenage Mothers and the Chicago Public Schools* (Chicago Panel on Public School Policy and Finance, December 1988).

Kiselica, Mark S. and Pfaller, Joan, "Helping Teenage Parents: The Independent and Collaborative Roles of Counselor Educators and School Counselors," 2 *Journal of Counseling and Development* (September/October, 1993), 42-48.

Marx, Fern; Bailey, Susan; and Francis, Judith, *Child Care for the Children of Adolescent Parents: Findings from a National Survey and Case Studies*, Working Paper Series No. 184 (Wellesley College Center for Research on Women, 1988).

Nash, Margaret, and Dunkle Margaret, *The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens* (The Equality Center, 1988).

Nash, Margaret, and Dunkle, Margaret, *Promoting Collaboration, Promoting Success: Educators Working With Communities on Teenage Pregnancy and Parenting* (The Equality Center, 1989).

Ooms, Theodora, and Herendeen, Lisa, *Teenage Parenthood, Poverty and Pregnancy: Do We Know How to Help?* (American Association for Marriage and Family Therapy, Research and Education Foundation, 1989).

Perez, Sonia, and Duany, Luis A., *Reducing Hispanic Teenage Pregnancy and Family Poverty* (The National Council of La Raza, 1992).

Plotnick, R.D., "The Effects of Attitudes on Teenage Premarital Pregnancy and Its Resolution," *American Society Review* (1992).

Polit, Denise F.; Quint, Janet C.; and Riccio, James A., *The Challenge of Serving Teenage Mothers: Lessons from Project Redirection* (New York, NY: Manpower Demonstration Research Corp., October 1988).

Robinson, Bryan E., *Teenage Fathers* (Lexington Books & D.C. Health & Co., 1988).

School Age Parent Program (SAPAR), *An Alternative Education Program, Child Care* (Beaver Dam, WI: Author, 1991).

Scott-Jones, Diane, "Educational Levels of Adolescent Childbearers at First and Second Births," 99 *American Journal of Education* (August 1991), 461-480.

Scott-Jones, Diane, and Turner, Sherry L., "The Impact of Adolescent Childbearing on Educational Attainment and Income of Black Females," *Youth and Society* (September 1990), 35-53.

Setzer, Jean, and Smith, David, "Comprehensive School Based Services for Pregnant and Parenting Adolescents in West Dallas, Texas," *Journal of School Health* (March 1992), 97-102.

Stevens-Simon, Catherine, and Beach, Robert, "School-Based Prenatal and Postpartum Care: Strategies for Meeting the Medical and Educational Needs of Pregnant and Parenting Students," *Journal of School Health* (September 1992), 304-309.

The Support Center for Educational Equity for Young Mothers, *Improving Educational Opportunities for Pregnant and Parenting Students: A Report on a Survey of Policies, Practices, Programs, and Plans for Pregnant and Parenting Students in Nine Urban School Districts* (A.E.D. September 1988).

United States Department of Education Office For Civil Rights, *Teenage Pregnancy and Parenthood Issues* (July 1991).

Warner, Theresa Ward, "What Works? A Number of Programs Exemplify Success," *Public Welfare* (Summer 1990), 23-27.

Warrick, Louise; Christianson, Jon B.; Walruff, Judy; and Cook, Paul C., "Educational Outcomes in Teenage Pregnancy and Parenting Programs: Results from a Demonstration," 25 *Family Planning Perspectives* (July/August 1993), 191-192.

Witwer, M., "Health of Infants Born to Teenage Mothers Affected More by Family Background Than by Mother's Age," 25 *Family Planning Perspectives* (July/August 1993) 189-190.

Zellman, Gail, "Public School Programs for Adolescent Pregnancy and Parenthood: An Assessment," 14 *Family Planning Perspectives* (1982), 15-21.

Zellman, Gail, *The Response of the Schools to Teenage Pregnancy and Parenthood* (The Rand Corporation, 1981).

Zellman, Gail, *A Title IX Perspective on the School's Response to Teenage Pregnancy and Parenthood* (Office for Civil Rights, Santa Monica, CA: The Rand Corporation, 1981).

The National Women's Law Center

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families, including education, employment, reproductive rights, and health, family support and income security, with special attention given to the concerns of low-income women.

As a legal arm of the women's movement, the Center has litigated groundbreaking cases and filed briefs in landmark Supreme Court decisions; advocated before state and federal policy makers to shape legislation and policies affecting women's lives; and educated the public about issues important to women. The Center's legal expertise make it an important contributor to girls' and women's progress at school, at work, at home, and in almost every aspect of their lives.

Through advocacy efforts, filing numerous court suits, and providing vital information and assistance to countless girls and women who have been victims of discrimination, the Center plays a prominent role in advancing women's educational priorities. On numerous issues ranging from the plight of poor students striving for higher education to sex discrimination in intercollegiate athletics, the Center works through litigation, public education, and advocacy to protect and expand the rights of girls and women in education.

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The Council of Chief State School Officers (CCSSO)

The Council of Chief State School Officers (CCSSO) is a nationwide non-profit organization of the 57 public officials who head departments of public education in every state, the District of Columbia, the Department of Defense Dependents Schools, and five extra-state jurisdictions. The CCSSO seeks its members' consensus on major education issues and expresses their views to civic and professional organizations, to federal agencies, to Congress, and to the public.

The CCSSO Resource Center on Educational Equity provides services designed to achieve equity and higher-quality education for women and girls, minorities and for the disabled, limited English proficient, and low-income students. The Council seeks to assure education success for all children and youth, especially those placed at risk of school failure.

The National Association of State Boards of Education

The National Association of State Boards of Education is a non-profit, private association that represents state and territorial boards of education. The organization's principal objectives include strengthening state leadership in educational policy making; promoting excellence in the education of all students; advocating equality of access to educational opportunity; and assuring continued citizen support of public education.

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